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Application # 10/031,165

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/031,165

Filing Date 07/26/00

First Named Inventor Michel H. Klein

Art Unit

Examiner Name

Attorney Docket Number API-1036-30-US

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- ☐ Status Letter
- ☐ Other Enclosure(s) (please identify below):
- Statement under 37 CFR 3.73 (b).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robert Yoshida
Signature	<i>Robert Yoshida</i>
Printed name	Robert Yoshida
Date	Reg. No. 54,941

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/031,165
Filing Date	07/26/00
First Named Inventor	Michel H. Klein
Title	Protective Recombinant Haemophilus
Art Unit	
Examiner Name	
Attorney Docket Number	API-1038-30-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Thomas Bordner	47,436
Patrick J. Halloran	41,053
G. Kenneth Smith	43,135

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/88)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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**REVOCATION OF POWER OF
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Application Number	10/031,185
Filing Date	07/26/00
First Named Inventor	Michel H. Klein
Art Unit	
Examiner Name	
Attorney Docket Number	API-1038-30-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Aventis Pasteur

Address

1 Discovery Drive
Bldg. 1- Knerr Bldg.

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Swiftwater

State

PA

Zip

18370

Country

United States

Telephone

570-895-2528

Fax

570-895-2702

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

John E. Parish

Date

2 December 2004

Telephone

570-839-4509

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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PTO/SB/86 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No.: 10/031,165 Filed/Issue Date: 07/25/00Entitled: Protective Recombinant Haemophilus Influenzae High Molecular Weight ProteinsAventis Pasteur Limited, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
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in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014008, Frame 0307, or for which a copy thereof is attached.

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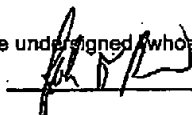
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



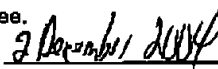
Signature

John E. Parish

Printed or Typed Name

V.P. of Intellectual Property

Title



Date

570-895-4509

Telephone Number

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